

# Girls Spring Track

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rw - Welcome 117  
usa - HAPPY HANNAH  
2460

1. 1<sup>st</sup> day of practice is March 5th
2. We will meet in the Lobby by Room 126 @ 2:30
3. Have all of your forms signed and turned in
  - Physical
  - Eligibility
  - Team Rules
  - Student Athletic Contract
  - Assumption of Risk
  - Schedule
4. If you do not have all of your forms filled out, then you cannot practice.
5. Have proper clothes to go outside.
6. First Meet is March 24th
7. This year the lineup will be made without asking who can go. You will be expected to attend the meet, unless you have a legitimate excuse.
8. E-mail me @ [jim534\\_2001@yahoo.com](mailto:jim534_2001@yahoo.com) if you have never received an e-mail from me.
9. There will be practice over Spring Break.

**\*IF YOU DID A FALL or WINTER SPORT, YOU ONLY WILL NEED TO FILL OUT SECTION 7 FOR THE PHYSICAL. IF YOU DID NOT DO A FALL or WINTER SPORT, YOU WILL NEED A COMPLETE PHYSICAL\***

## HAVERFORD TRACK and FIELD RULES and REGULATIONS

### Goal

The goal of the team is that all members of the team will practice and compete with the intent to get better performance. This should lead to the improvement of the individual athlete which will in turn improve the team. Everything we do should be done to make the team better.

### ATTENDANCE

1. Members of the team are expected to attend all practices and meets that they are requested to be in.
2. If members are in school they are expected to be in practice.
3. If absence from practice, for whatever reason, a team member is required to inform Mr. Jensen why she is was absent the day she returns **with a note** , failure to do so will result in an unexcused absence.
4. All members of the team will participate in at least one meet.
5. Members should be at practice the day before a meet. Failure to do so may keep you out the meet. Members who are absent the day before a meet must have it clear by Mr. Jensen to participate in that meet.
6. Everyone is expected to stay until the meet is over. **If you have leave early, you must have a note from your parents.**

### GENERAL CONDUCT

Any conduct in or out of school unbecoming of a team member will be reviewed and result in appropriate action. School detention and school suspension will be treated as unexcused absence. Repeated unexcused absence will result in the dismissal form the team.

### ACADEMICS

1. All members must be passing **2 MAJOR SUBJECTS** in order to remain eligible to participate in interscholastic competition. This is enforced at Haverford High through the use of weekly eligibility.
2. If a player is ineligible at the end of a marking period, she will remain ineligible for the next **TEN** school days. At the end of the ten days, her grades will be reviewed and she can than return to competition, if she is passing two major subjects.
3. Players are always allowed to report to a teacher for help or make up work.

### CHEMICAL SUBSTANCE

The use of any drugs, excluding those prescribe by a doctor, is strictly prohibited. Use of alcohol, smoking and chewing tobacco products, drugs or steroids, is prohibited. Athletes should not attend parties where alcohol is served to minors. Violation of these rules will result in the suspension of a member from the team until review of her case by the Athletic Directors and Mr. Jensen

## Guideline for Letter Awards

1. All seniors should receive a Varsity letter if they have two years on the girl's spring team.
2. Varsity letters will be awarded to any member who gets 100 points.
  - a. One point for each practice attended
  - b. 2 points for each league meet attended
  - c. 3 points for each invitational attended
  - d. All points scored in a league meet
  - e. Points placing in an invitational
    - i. 1<sup>st</sup> & 2<sup>nd</sup> = 10pts
    - ii. 3<sup>rd</sup> & 4<sup>th</sup> = 5 points
    - iii. 5<sup>th</sup> = 2 points
3. All other will receive a JV letter
4. To be consider for any other the above awards, a member must finish in good standing on the team

If you have any questions please call Mr. Jensen @ 610-853-5900 x 2106 or email @ jim534\_2001@yahoo.com

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(TEAR HERE)

Please cut off and return this bottom section to Mr. Jensen with both the athlete and parents or guardian signature and the date. In recognition that all have read and understood the above rules and regulation

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Athlete \_\_\_\_\_ Date \_\_\_\_\_

(Sign)

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(Print)

## STUDENT ATHLETIC CONTRACT HAVERFORD HIGH SCHOOL

### Philosophy

Interscholastic athletics supplement and support the academic mission of the school and assist students in their growth and development. We want Haverford students to value their health and wellness and this contract is a reminder of our expectations towards that goal. Participation in athletics is a privilege, not a right. Dedication, desire, teamwork, effort, goals and commitment and good citizenship are essential personal characteristics, which are necessary for an athlete to successfully participate on any team. The goal of the athletic department is to nurture these traits. In so doing, each athlete should develop a sense of pride in herself/himself, the school and community. In order to assist the athlete to achieve these goals, the following "Athletic Policies" must be understood and agreed to between the school, student athlete, and the parents.

The School District of Haverford High School is a member of the Pennsylvania Interscholastic Athletic Association (P.I.A.A) and applies the rules outlined in the P.I.A.A. Constitution and the guidelines in Board Policy 123 Interscholastic Athletics and Co-Curricular Activities.

### A. Academics

To be eligible for athletic competition a student must be passing a minimum of two full credit courses. Grades will be reported weekly and a student is not passing a minimum of two full credit courses the student will be ineligible for the week. Any student who is not passing a minimum of two full credit courses at the end of a marking period will be ineligible for three weeks (15 school days).

### B. Attendance

Student athletes are expected to be in school on time everyday. A student is required to be in school by 10:46 in order to participate in practice or a game. If a student is repeatedly late the student may be ineligible to participate in sports after school. Students may not participate on the day a student has detention, out of school suspension, is completing a probationary period or has an early dismissal due to illness. Exceptions will be made if the student has an approved medical or educational excuse scheduled prior to the date of absence. If a student is absent on a day prior to a non school day, the student will have to present to the coach a parent or guardian note explaining the reason for the absence prior to participation in the event.

### C. Use or Possession of Alcoholic Beverages or Drugs

Use and/or possession of alcohol or narcotics or illegal controlled substances of any kind, at any time or place (24/7) is strictly prohibited and may result in a suspension from athletic activities. The 1<sup>st</sup> Offense will allow for denial of participation in and attendance at athletic events including practices for a period of 10 school days beginning on the day the athletic department applies discipline to the student. Return to the team following a suspension will occur in coordination with a referral to the H.E.A.R.T. for counseling. A second offense during an athletic school year could result in a 30 day suspension from the team for the current sports season. Additional offenses may result in removal from the team.

### D. Criminal Offenses.

Students charged with and/or convicted of criminal offenses involving activities or behavior which in the judgment of the Administration and coaches represent a threat to the health, safety or morale of the student or other students on the team during a season may be suspended up to ten (10) days for a first offense and removed from the team for second or subsequent offenses, upon a determination that the student more likely than not engaged in the activities/behavior alleged or similar objectionable behavior.

### E. Hazing

A person is guilty of hazing when, in the course of another student's entry into or affiliation with any team or club, she/he intentionally or recklessly engages in conduct which creates a risk of physical injury, emotional harm and/or creates excessive and/or intentionally cruel intimidation. Any form of "initiation or hazing" is prohibited. Athletes who violate the "hazing" rule will be subject to discipline under Board Policy 248 Unlawful

Harassment, the student discipline code and are subject to removal from the team along with possible criminal referral.

E. Code of Student Conduct

Participation in an athletic event, practice, games and travel to and from school are considered an extension of the school day and therefore all behavior is governed by the student code of conduct. Violations of the Student Code of Behavior that occur during athletic events will be disciplined by grade level Principals as if they were a classroom action. Unsportsmanlike behavior and any actions noted by the PIAA will result in a minimum suspension as outlined by the PIAA with an option of additional discipline as determined by the Athletic Department and Principal.

F. Team Rules

All students are required to travel to and from events in District supplied Transportation, exceptions are to be reviewed on an individual basis prior to the event. Coaches will establish and inform students of individual team rules, regarding practice and team expectations.

**SIGNATURES ARE REQUIRED TO INDICATE YOU HAVE RECEIVED A COPY OF THIS CONTRACT. THIS MUST BE RETURNED BY STUDENTS TO THEIR COACHES.**

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HHS Athletic Policy Agreement Form

I, (The Athlete) \_\_\_\_\_ have read and understand the athletic policies, rules, regulations and the Student Athletic Contract of Haverford High School and agree to abide by their terms that have been displayed. I also understand that this contract is in effect for the entire school year and applies to the current and subsequent athletic seasons. By signing the contract, I will be responsible for my actions in and out of the school. I also agree to sign a Declaration each sport season indicating that I have signed and read the student code of conduct.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Grade

I, (The Parent) \_\_\_\_\_ have read and understand the athletic policies of Haverford High School and agree to abide by the standards that are set for both myself and that of my child. By signing this form, I will be responsible for the actions of myself and of my child. I also understand that as an adult I am a role model for other individuals around me at sporting events and agree to conduct myself in a sportsman-like manner at all times at both home and away events. I also understand that it is a privilege to watch my child participate in an athletic event and can be asked to remove myself from an event if I cannot abide by the expectations of the District and the PIAA regarding good sportsmanship.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Grade

**SCHOOL DISTRICT OF HAVERFORD TOWNSHIP  
STUDENT ELIGIBILITY INFORMATION**

DATE \_\_\_\_\_ NAME OF SPORT \_\_\_\_\_

NAME \_\_\_\_\_ STUDENT ID NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ 19\_\_\_\_ AGE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

Circle the NUMBER OF SEASONS in which you have participated in above named sport BEYOND the 8th grade—

INCLUDING PRESENT SEMESTER:                      9th                      10th                      11th                      12th

Circle the NUMBER OF SEMESTERS OF ATTENDANCE in high school beyond the 8th GRADE, INCLUDING present semester (there are 2 semesters per school year).

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 1     | 2     | 3     | 4     | 5     | 6     | 7     | 8     |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 9th   |       | 10th  |       | 11th  |       | 12th  |       |

Number of times demoted from grade 9 to grade 12 \_\_\_\_\_

Demoted in which grade, or grades (please check) 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

WHERE DID YOU ATTEND SCHOOL LAST YEAR? \_\_\_\_\_

**PARENT PERMISSION**

\_\_\_\_\_ has my permission to participate in \_\_\_\_\_  
I understand that the school district does not assume responsibility for any injuries which may occur, and I will assume responsibility for equipment issued to the above student.

Signature of Parent or Guardian \_\_\_\_\_

**EMERGENCY INFORMATION**

SCHOOL YEAR \_\_\_\_\_ SPORT \_\_\_\_\_

NAME \_\_\_\_\_ M or F BIRTHDATE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME # \_\_\_\_\_

PARENT CONTACT DAYTIME NUMBER: FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

EMERGENCY CONTACT, IF PARENTS ARE NOT AVAILABLE:

NOTIFY \_\_\_\_\_ PHONE # \_\_\_\_\_

DOCTOR'S NAME AND PHONE # \_\_\_\_\_ HOSPITAL \_\_\_\_\_

KNOWN ALLERGIES OR MEDICAL PROBLEMS: \_\_\_\_\_

INSURANCE NAME \_\_\_\_\_

POLICY AND GROUP # \_\_\_\_\_

THE TEAM PHYSICIAN, TRAINER AND COACH MAY APPLY FIRST AID TREATMENT UNTIL THE FAMILY PHYSICIAN CAN BE CONTACTED.                      YES \_\_\_\_\_ NO \_\_\_\_\_

WE GIVE OUR CONSENT FOR COACHES, TRAINERS AND TEAM PHYSICIAN TO USE THEIR OWN JUDGMENT IN SECURING MEDICAL AID AND AMBULANCE SERVICE IN CASE PARENTS CANNOT BE REACHED.                      YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

ALL 6 Sections Must Be Completed



**PIAA COMPREHENSIVE INITIAL  
PRE-PARTICIPATION PHYSICAL EVALUATION**



**INITIAL EVALUATION:** Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first five Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be performed earlier than June 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the next May 31<sup>st</sup>.

**SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR:** Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

**SECTION 1: PERSONAL AND EMERGENCY INFORMATION**

**PERSONAL INFORMATION**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Date of Student's Birth: \_\_\_/\_\_\_/\_\_\_ Age of Student on Last Birthday: \_\_\_ Grade for Current School Year: \_\_\_

Current Physical Address \_\_\_\_\_

Current Home Phone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

Fall Sport(s): \_\_\_\_\_ Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Student's Health Condition(s) of Which an Emergency Physician Should be Aware \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Prescription Medications \_\_\_\_\_

\_\_\_\_\_



**SECTION 2: CERTIFICATION OF PARENT/GUARDIAN**

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for \_\_\_\_\_ born on \_\_\_\_\_ who turned \_\_\_\_\_ on his/her last birthday, a student of \_\_\_\_\_ School and a resident of the \_\_\_\_\_ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20\_\_\_\_ - 20\_\_\_\_ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

| Fall Sports       | Signature of Parent or Guardian |
|-------------------|---------------------------------|
| Cross Country     |                                 |
| Field Hockey      |                                 |
| Football          |                                 |
| Golf              |                                 |
| Soccer            |                                 |
| Girls' Tennis     |                                 |
| Girls' Volleyball |                                 |
| Water Polo        |                                 |
| Other             |                                 |

| Winter Sports            | Signature of Parent or Guardian |
|--------------------------|---------------------------------|
| Basketball               |                                 |
| Bowling                  |                                 |
| Competitive Spirit Squad |                                 |
| Girls' Gymnastics        |                                 |
| Rifle                    |                                 |
| Swimming and Diving      |                                 |
| Track & Field (Indoor)   |                                 |
| Wrestling                |                                 |
| Other                    |                                 |

| Spring Sports           | Signature of Parent or Guardian |
|-------------------------|---------------------------------|
| Baseball                |                                 |
| Boys' Lacrosse          |                                 |
| Girls' Lacrosse         |                                 |
| Softball                |                                 |
| Boys' Tennis            |                                 |
| Track & Field (Outdoor) |                                 |
| Boys' Volleyball        |                                 |
| Other                   |                                 |

\* B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at [www.piaa.org](http://www.piaa.org), include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

This information sheet is designed to inform parents and students about concussion and traumatic brain injury. If your student exhibits signs or symptoms of a concussion or traumatic brain injury, they shall be removed from participation. The student shall not return until they are evaluated and cleared by a medical professional.

## What is a concussion?

A concussion is a brain injury that

- Is caused by a bump, blow or jolt to the head or body
- Can change the way a student's brain normally works
- Can occur during practices and/or contests in any sport
- Can happen even if a student has not lost consciousness
- Can be serious even if a student has just been "dinged" or "had their bell rung"

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving or exercising.) Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

## What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- |                                  |  |
|----------------------------------|--|
| • Headache or "pressure" in head | Feeling sluggish, hazy, foggy, or groggy |
| • Nausea or vomiting             | Difficulty paying attention              |
| • Balance problems or dizziness  | Memory problems                          |
| • Double or blurry vision        | Confusion                                |
| • Bothered by light or noise     |  |

## What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long-term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be the right equipment for the sport, position, or activity, work correctly and be the correct size and fit; and used every time the student practices and/or competes
- Follow the Coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature \_\_\_\_\_

This information sheet is designed to inform parents and students about Sudden Cardiac Arrest Symptoms and Warning Signs. If your student exhibits signs or symptoms of a Sudden Cardiac Arrest, they shall be removed from participation. The student shall not return until they are evaluated and cleared by a medical professional.

## SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is sudden cardiac arrest in the United States?

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

### Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

#### Information about SCA symptoms and warning signs.

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may also hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses, and athletic trainers.

#### Removal from play/return to play

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.



\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 5: HEALTH HISTORY**

Explain "Yes" answers at the bottom of this form.  
Circle questions you don't know the answers to.

|     |   | Yes                      | No                       |   | Yes  | No                       |                          |
|-----|---|--------------------------|--------------------------|---|--|--------------------------|--------------------------|
| 1.  | Has a doctor ever denied or restricted your participation in sport(s) for any reason?   | <input type="checkbox"/> | <input type="checkbox"/> | 23.   | Has a doctor ever told you that you have asthma or allergies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | Do you have an ongoing medical condition (like asthma or diabetes)?   | <input type="checkbox"/> | <input type="checkbox"/> | 24.   | Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?   | <input type="checkbox"/> | <input type="checkbox"/> | 25.   | Is there anyone in your family who has asthma?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | Do you have allergies to medicines, pollens, foods, or stinging insects?  | <input type="checkbox"/> | <input type="checkbox"/> | 26.   | Have you ever used an inhaler or taken asthma medicine?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | Have you ever passed out or nearly passed out DURING exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | 27.   | Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Have you ever passed out or nearly passed out AFTER exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | 28.   | Have you had infectious mononucleosis (mono) within the last month?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Have you ever had discomfort, pain, or pressure in your chest during exercise?  | <input type="checkbox"/> | <input type="checkbox"/> | 29.   | Do you have any rashes, pressure sores, or other skin problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Does your heart race or skip beats during exercise?   | <input type="checkbox"/> | <input type="checkbox"/> | 30.   | Have you ever had a herpes skin infection?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Has a doctor ever told you that you have (check all that apply):  |                          |                          | <b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b><br>31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?<br>32. Have you been hit in the head and been confused or lost your memory?<br>33. Do you experience dizziness and/or headaches with exercise? |  |                          |                          |
|     | <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur  |                          |                          | 34.   | Have you ever had a seizure?   | <input type="checkbox"/> | <input type="checkbox"/> |
|     | <input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection  |                          |                          | 35.   | Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)  | <input type="checkbox"/> | <input type="checkbox"/> | 36.   | Have you ever been unable to move your arms or legs after being hit or falling?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Has anyone in your family died for no apparent reason?  | <input type="checkbox"/> | <input type="checkbox"/> | 37.   | When exercising in the heat, do you have severe muscle cramps or become ill?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Does anyone in your family have a heart problem?  | <input type="checkbox"/> | <input type="checkbox"/> | 38.   | Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?   | <input type="checkbox"/> | <input type="checkbox"/> | 39.   | Have you had any problems with your eyes or vision?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Does anyone in your family have Marfan syndrome?  | <input type="checkbox"/> | <input type="checkbox"/> | 40.   | Do you wear glasses or contact lenses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Have you ever spent the night in a hospital?  | <input type="checkbox"/> | <input type="checkbox"/> | 41.   | Do you wear protective eyewear, such as goggles or a face shield?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Have you ever had surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | 42.   | Are you unhappy with your weight?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:      | <input type="checkbox"/> | <input type="checkbox"/> | 43.   | Are you trying to gain or lose weight?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Have you had any broken or fractured bones or dislocated joints? If yes, circle below:  | <input type="checkbox"/> | <input type="checkbox"/> | 44.   | Has anyone recommended you change your weight or eating habits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: | <input type="checkbox"/> | <input type="checkbox"/> | 45.   | Do you limit or carefully control what you eat?  | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Head    Neck    Shoulder    Upper arm    Elbow    Forearm    Hand/ Fingers    Chest   |                          |                          | 46.   | Do you have any concerns that you would like to discuss with a doctor?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
|     | Upper back    Lower back    Hip    Thigh    Knee    Calf/shin    Ankle    Foot/ Toes  |                          |                          | <b>FEMALES ONLY</b>   |  |                          |                          |
| 20. | Have you ever had a stress fracture?  | <input type="checkbox"/> | <input type="checkbox"/> | 47.   | Have you ever had a menstrual period?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?  | <input type="checkbox"/> | <input type="checkbox"/> | 48.   | How old were you when you had your first menstrual period?   | _____                    | _____                    |
| 22. | Do you regularly use a brace or assistive device?   | <input type="checkbox"/> | <input type="checkbox"/> | 49.   | How many periods have you had in the last 12 months?   | _____                    | _____                    |
|     |   |                          |                          | 50.   | Are you pregnant?  | <input type="checkbox"/> | <input type="checkbox"/> |

| #’s | Explain "Yes" answers here: |
|-----|-----------------------------|
|     |                             |
|     |                             |
|     |                             |
|     |                             |

I hereby certify that to the best of my knowledge all of the information herein is true and complete.  
 Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.  
 Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION  
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Brachial Artery BP \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ ) RP \_\_\_\_\_

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; Age 13-15: BP: >136/86, RP >100; Age 16-25: BP: >142/92, RP >96

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: YES NO (circle one) Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

| MEDICAL                    | NORMAL | ABNORMAL FINDINGS  |
|----------------------------|--------|--|
| Appearance                 |        |  |
| Eyes/Ears/Nose/Throat      |        |  |
| Hearing                    |        |  |
| Lymph Nodes                |        |  |
| Cardiovascular             |        | <input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation<br><input type="checkbox"/> Physical stigmata of Marfan syndrome |
| Cardiopulmonary            |        |  |
| Lungs                      |        |  |
| Abdomen                    |        |  |
| Genitourinary (males only) |        |  |
| Neurological               |        |  |
| Skin                       |        |  |
| MUSCULOSKELETAL            | NORMAL | ABNORMAL FINDINGS  |
| Neck                       |        |  |
| Back                       |        |  |
| Shoulder/Arm               |        |  |
| Elbow/Forearm              |        |  |
| Wrist/Hand/Fingers         |        |  |
| Hip/Thigh                  |        |  |
| Knee                       |        |  |
| Leg/Ankle                  |        |  |
| Foot/Toes                  |        |  |

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form.

CLEARED  CLEARED, with recommendation(s) for further evaluation or treatment for: \_\_\_\_\_

NOT CLEARED for the following types of sports (please check those that apply):

COLLISION  CONTACT  NON-CONTACT  STRENUOUS  MODERATELY STRENUOUS  NON-STRENUOUS

Due to \_\_\_\_\_

Recommendation(s)/Referral(s) \_\_\_\_\_

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP (circle one)  Date of CIPPE    /    /   

Revised: July 26, 2012

Must Be dated  
after June 1<sup>ST</sup>, 2012

**SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN**

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

**SUPPLEMENTAL HEALTH HISTORY**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Date of Student's Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age of Student on Last Birthday: \_\_\_\_ Grade for Current School Year: \_\_\_\_

Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**CHANGES TO PERSONAL INFORMATION** (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address \_\_\_\_\_

Current Home Telephone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

**CHANGES TO EMERGENCY INFORMATION** (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

**SUPPLEMENTAL HEALTH HISTORY:**

Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to.

- |  | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?   | <input type="checkbox"/> | <input type="checkbox"/> | 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness?  | <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have any concerns that you would like to discuss with a physician?   | <input type="checkbox"/> | <input type="checkbox"/> |

| #'s | Explain "Yes" answers here: |
|-----|-----------------------------|
|     |                             |
|     |                             |
|     |                             |

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



The School District of Haverford Township  
*Haverford High School*  
200 Mill Road  
Havertown, PA 19083

### Assumption of Risk

Participation in the contact sport of \_\_\_\_\_ requires an acceptance of risk of injury. \_\_\_\_\_ has taken reasonable precautions to minimize the risk of significant injury by providing coaching and instruction, suitable equipment and facilities, proper conditioning and appropriate medical care.

The chances of an athlete sustaining a catastrophic sports injury are rare. However serious injuries could occur. Participation in contact sports could result in death, serious neck, and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, serious injury to virtually all internal organs, and serious injury or impairment to all other aspects of the body, general health and well-being.

The use of protective equipment may be required or recommended for your child's sport. Please be advised that there is no piece of protective equipment that will completely protect your child from exposure to injuries. Do not use defective equipment in any way.

Therefore, student-athletes should feel free at any time to discuss with coaching or athletic training staff concerns about procedures in the athlete's particular sport that may include a greater risk of injury such as, head first slide, tackling techniques, difficult dives, etc. Reporting of student-athlete brain injuries to the Athletic Trainer and Athletic Directory is mandatory for coaches, players and parents.

I have read and understand the statements contained in this warning. As the parent of the student-athlete, I accept risk of injury associated with interscholastic sports.

---

Parent Signature

Date

## 2014 SPRING TRACK SCHEDULE

| <b>DATE</b> | <b>MEET</b>                 | <b>TIME</b> | <b>LOCATION</b> |
|-------------|-----------------------------|-------------|-----------------|
| 24-Mar      | Upper Darby Relays          | 10:00       | Upper Darby     |
| 4-Apr       | Harrilton / Conestoga       | 3:45        | Harrilton       |
| 7-Apr       | Haverford Invitational      | 10:00       | Home            |
| 11-Apr      | Strath Haven / Springfiled  | 3:45        | Strath Haven    |
| 14-Apr      | Delco Relays                | 10:00       | Home            |
| 18-Apr      | Marple / Upper Darby / Penn | 3:30        | Home            |
| 20-Apr      | Hoka One - Warrior Invit    | 2:45        | W.C. Henderson  |
| 23-Apr      | Radnor / Lower Merion       | 3:45        | Home            |
| 26-Apr      | Penn Relays                 | 3:45        | U of P          |
| 30-Apr      | Ridley / Garnet Valley      | 3:45        | Ridley          |
| 3-May       | Delco Champs                | 4:00        | Upper Darby     |
| 5-May       | Delco Champs                | 4:30        | Upper Darby     |
| 8-May       | JV Meet                     | 3:45        | Radnor          |
| 9-May       | Central League Champs       | 2:30        | Lower Merion    |
| 12-May      | Freshman Invitational       | 9:00        | Radnor          |
| 15-May      | Elementary Meet             | 3:45        | Home            |
| 18-May      | District One Championship   | 9:00        | Coatesville     |
| 19-May      | District One Championship   | 9:00        | Coatesville     |
| 25-May      | States                      |             | Shippensburg    |
| 26-May      | States                      |             | Shippensburg    |

**\*The Schedule may change\***

[jim534\\_2001@yahoo.com](mailto:jim534_2001@yahoo.com)

Text @77DK33 to 81010